

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/576356

FILING DATE

APPLICATION

CLAIMS

	AS FILED		AFTER (1 st AMENDMENT)		AFTER (2 nd AMENDMENT)			AS FILED		AFTER (1 st AMENDMENT)		AFTER (2 nd AMENDMENT)	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
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41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.		↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←	TOTAL DEP.		←	18	←		←
TOTAL CLAIMS							TOTAL CLAIMS			19			